

July 2013

## Submitting Professional Cross-Over claims with Secondary Insurance Electronically to ProviderOne

The Health Care Authority - Medicaid offers a process for providers to submit crossover and secondary insurance claims electronically. The ProviderOne system has a Direct Data Entry (DDE) feature for submitting crossover claims with secondary insurance. The Agency also accepts and processes HIPAA-compliant electronic batch claims that contain all the required information along with Adjustment Reason Code(s) without sending the EOB. The **Medicare Advantage Plans** claims need to be submitted to the Agency as crossover claims, as these plans are NOT processed as commercial insurance.

### DDE claim – not sending the EOB:

A provider would log into their ProviderOne domain and use the **Claims Submitter** or **Super User** profile. Go to the **Claims** option and click on the **Online Claim Entry** sub option, then pick *Professional claim*. Fill in the claim information boxes and answer all the questions required to submit a claim.

For a secondary insurance claim answer this question “Yes”:

Does the subscriber have insurance other than Medicaid? ☒ Yes ☐ No

Clicking “Yes” opens the insurance information boxes. Expand the **Additional Other Payer Information** section and fill in the fields outlined in red:

**Other Payer Information**

\* Payer/Insurance Organization Name:

☐ **Additional Other Payer Information**

Entity Qualifier:

\* ID:  \* ID Type:

Adjudication Date:

Number Type:  PA/Referral No.:

Payer Claim Adjustment: ☐ Yes ☐ No

☒ **Secondary ID Information**

☒ **Contact Information**

**COB Monetary Amounts**

COB Payer Paid Amount:

\* Asterisk fields are required and other fields are informational.

- Add the name of the insurance company.
- Add the Entity Qualifier, insurance company ID number, ID Type and enter the process date off the EOB.
- Next enter the amount paid by the insurance in the COB Payer Paid field. If the insurance applied to deductible enter a zero here. If the insurance denied the claim enter a zero here.

What is the **ID** number? Use the insurance company carrier code from the client eligibility check, the insurance payer number, or other insurance ID number. Use the same number in all **ID** fields.

Coordination of Benefits Information									
Service Type Code ▲ ▼	Insurance Type Code ▲ ▼	Insurance Co. Name & Contact ▲ ▼	Carrier Code ▲ ▼	Policy Holder Name ▲ ▼	Policy Number ▲ ▼	Group Number ▲ ▼	Plan Sponsor ▲ ▼	Start Date ▲ ▼	End Date ▲ ▼
30: Health Benefit Plan Coverage	C1: Commercial	PREMERA BLUE CROSS/BCBS OF AK (800) 345-6784	BC01	SUPER MAN	100883158			03/01/2007	12/31/2999

After entering the COB paid amount scroll down the page to the **Claim Level Adjustments** expander and open this section:

**COB Monetary Amounts**  
 COB Payer Paid Amount: 50

**CLAIM LEVEL ADJUSTMENTS**

1	* Group Code :	PR-Patient Responsibility	* Reason Code :	3	* Amount :	50	Quantity :	
2	* Group Code :		* Reason Code :		* Amount :		Quantity :	
3	* Group Code :		* Reason Code :		* Amount :		Quantity :	
4	* Group Code :		* Reason Code :		* Amount :		Quantity :	
5	* Group Code :		* Reason Code :		* Amount :		Quantity :	

**OTHER PAYER REFERRING PROVIDER INFORMATION**

Now enter the following off the insurance EOB:

- Group Code
- Reason Code (HIPAA reason code only)
- Dollar amount

Scroll down the page and add the required Claim Note “**Electronic TPL.**” With this claim note the Agency will not wait for an insurance EOB but will look in the claim system for the insurance information.

**CLAIM NOTE**

\* Type Code: ADD-Additional Information

\* Note: Electronic TPL

characters remaining: 66

Now answer the Medicare Crossover question with “Yes”:

**Is this a Medicare Crossover Claim?** ☒ Yes ☐ No

Then fill in the totals of the Medicare data.

**Medicare Crossover Items**

\* Medicare Deductible: \$  \* Medicare Coinsurance: \$

\* Medicare Paid: \$  \* Medicare Allowed Amount: \$

\* Medicare Paid Date: mm dd ccyy

Finish entering all the claim information, then fill out the **Basic Service Line Item** information boxes for each line on the claim. 5010 updates require the Medicare data for each line to be entered at line level also.

Clicking “Yes” opens the Medicare information boxes for completion in the Basic Service Line Items section. Complete for each line of service:

**Medicare Crossover Items**

\* Medicare Deductible: \$  \* Medicare Coinsurance: \$

\* Medicare Paid: \$  \* Medicare Allowed Amount: \$

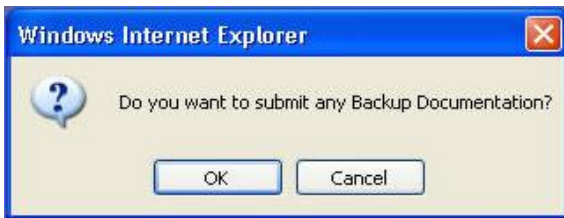
\* Medicare Paid Date: mm dd ccyy

After entering all the service line information, add the service line item(s) to the claim so they are displayed.

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 80

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Ptrs				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	11/20/2009	11/20/2009	87491					1				80	1		Delete or Other Service Info

All insurance information, Medicare information and claim data is now added to your claim so click on the **Submit Claim** button to submit the claim.



Since all the insurance and Medicare information has been entered already when you get the pop up screen asking if you are sending back up documents, just click on the **Cancel** button.

**You do not have to send the insurance or Medicare EOB with claims entered using this method!**

Remember you must click the final **OK** button to submit the claim!

**Submitted Professional Claim Details:**

TCN: 200925500000001000  
 Provider NPI: 5522336671  
 Client ID: 198333777WA  
 Date of Service: 9/9/2009 0:0:0-9/9/2009 0:0:0  
 Total Claim Charge: 1159

Please click "Add Attachment" button, to attach the documents. Add Attachment

**Attachment List:**

<input type="checkbox"/>	Line No	File Name	Attachment Type	Transmission Code	Attachment Control	File Size	Delete	Uploaded On
No Records Found !								

**WARNING: You must click the OK button to complete the claims submission.**

Print Print Cover Page Ok

**NOTE: Split paid lines into a crossover claim and the denied lines into a non-crossover claim depending on how Medicare processed the claim. Also use this method to submit a claim when all services were paid by Medicare but denied by the insurance company.**

## HIPAA batch claims:

Providers can send batch E-claims to the Agency if they are HIPAA-compliant claims with all our required data elements. On the secondary insurance claims you **MUST** add the comment "**Electronic TPL**" to the claim.

Contact [hipaa-help@hca.wa.gov](mailto:hipaa-help@hca.wa.gov) for detailed information.

HIPAA information can be found at: <http://hrsa.dshs.wa.gov/dshshipaa/>

Visit our Provider web site home page at <http://www.hca.wa.gov/medicaid/Provider/Pages/index.aspx>

Complete step-by-step instructions for submitting DDE claims can be found in the *ProviderOne Billing and Resource Guide*: [http://www.hca.wa.gov/medicaid/provider/Pages/providerone\\_billing\\_and\\_resource\\_guide.aspx](http://www.hca.wa.gov/medicaid/provider/Pages/providerone_billing_and_resource_guide.aspx).